Fill in this information	on to identify your case:	
Debtor 1	Cono Charles Cirone	
Debtor 2 (Spouse, if filing)	Patricia Catherine Cirone	
United States Bank	cruptcy Court for the: DISTRICT OF NEW JERSEY	
Case number (If known)	18-15118	Check if this is: An amended filing A supplement showing postpetition chapter
O(() : 1 E	4001	13 income as of the following date:

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	F1	■ Employed	☐ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	■ Not employed
	employers.	Occupation	Salesd Manager	
	Include part-time, seasonal, or self-employed work.	Employer's name	Causeway Family of Dealerships	
	Occupation may include student or homemaker, if it applies.	Employer's address	457 Rt. 72 Manahawkin, NJ 08050	
		How long employed the	here? 10yrs 4 months	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

2. \$ 9,737.00 \$ 0.00
3. +\$ 0.00 +\$ 0.00
4. \$ 9,737.00 \$ 0.00

For Debtor 2 or

For Debtor 1

MM / DD/ YYYY

Official Form 106I Schedule I: Your Income page 1

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Debi	tor 1 tor 2	Cono Charles Cirone Patricia Catherine Cirone	_		Case	number (if	known)	18-1	5118		
	Сор	y line 4 here	4.		For	Debtor 1	37.00		r Debtor n-filing s		
5.	List	all payroll deductions:									
	5a. 5b. 5c. 5d. 5e. 5f.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations	5a 5b 5c 5d 5e 5f.).). d.).	\$_ \$_ \$_ \$_	53	19.00 0.00 32.00 0.00 30.00 0.00	\$		0.00 0.00 0.00 0.00 0.00 0.00	
	5g. 5h.	Union dues Other deductions. Specify:	5g 5h]. 1.+	\$_ \$		0.00	* + \$		0.00	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.		* \$	2 66	61.00 61.00	`		0.00	
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		* — \$		76.00	* \$		0.00	
8.		all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify:	80 80 86 86). d. e.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		0.00 0.00 0.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$ + \$		0.00 0.00 0.00 0.00 0.00 0.00 0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	;	\$		0.00	\$_		0.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_		7,076.00	+ \$		0.00	= \$	7,076.00
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:	depe			•		•		e J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies							e. 12.	\$Combin	
13.	Do y ■	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	?							monthly	/ income
	ш	roo. Explain.									

Official Form 106I Schedule I: Your Income page 2

Fill	in this informa	ation to identify y	our case:						
Deb	tor 1	Cono Charle	es Cirone)		Ch	neck if t	this is:	
	tor 2 ouse, if filing)	Patricia Catl	herine Ci	rone			A su		ing postpetition chapter ne following date:
Unit	ed States Bank	ruptcy Court for the	e: DISTR	ICT OF NEW JERSEY			MM	/ DD / YYYY	
	e number 1	8-15118							
Of	fficial Fo	orm 106J							
So	chedule	J: Your	Exper	nses					12/15
Be info	as complete ormation. If n nber (if knov	and accurate as	s possible eded, atta ry questio	. If two married people ar ach another sheet to this					
1.	Is this a joi		siioid						
	☐ No. Go t	o line 2.							
	Yes. Do	es Debtor 2 live	in a separ	ate household?					
	□ /	_	st file Offic	ial Form 106J-2, <i>Expenses</i>	s for Separate Househ	old of De	ebtor 2		
2.	Do you hav	e dependents?	□ No						
	Do not list Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2			Dependent's age	Does dependent live with you?
	Do not state	the							□ No
	dependents	names.			son			10 momths	Yes
					darrahtan			0	□ No
					daughter			2	■ Yes □ No
					daughter			5	■ Yes
									□ No
									☐ Yes
3.	expenses of	penses include of people other to d your depende	than $_{\square}$	No I Yes					
Est exp	imate your e	a date after the	our bankr	ly Expenses uptcy filing date unless y cy is filed. If this is a supp					
the		h assistance an		government assistance i cluded it on <i>Schedule I:</i> \				Your expe	nses
4.		or home owners nd any rent for th		nses for your residence. I or lot.	nclude first mortgage	4.	\$		1,892.00
	If not inclu	ded in line 4:							
	4a. Real	estate taxes				4a.	\$		0.00
	4b. Prope	erty, homeowner'	s, or renter	r's insurance		4b.	\$		0.00

4c. \$

4d. \$

150.00

0.00

0.00

4c.

Home maintenance, repair, and upkeep expenses

Additional mortgage payments for your residence, such as home equity loans

Homeowner's association or condominium dues

Debtor Patricia Catherine Cirone		tor 1		narles Cirone	_		18-15118
8a.	Dec	otor 2	Patricia (Catherine Cirone	Case num	ber (if known)	10-13110
8a.	6	l Itilit	iee.				
b. Water, sewer, garbage collection 6c. Telephone, cell phone, limbrent, stabilite, and cable services 6c. \$ 225.00 6c. Tolephone, cell phone, limbrent, stabilite, and cable services 6c. \$ 225.00 6c. Other, Specify: try/Internet 6d. \$ 230.00 7c. Food and housekeeping supplies 7. \$ 1,000.00 8. Childcare and children's education costs 9. \$ 250.00 9. Personal care products and services 10. \$ 250.00 10. Personal care products and services 11. \$ 200.00 11. Medical and dental expenses 11. \$ 200.00 11. Medical and dental expenses 12. \$ 300.00 12. \$ 300.00 13. Eletralimment, clubs, recreation, newspapers, magazines, and books 13. \$ 260.00 14. \$ 0.00 15. Insurance. 15. Life insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. \$ 0.00 15c. Vehicle insurance deducted from your pay or included in lines 4 or 20. 15d. Charitable insurance 15d. Vehicle insurance 15d. S 0.00 15d. Other insurance, Specify 15d. \$ 0.00 15d. Other insurance, Specify 15d. \$ 0.00 15d. Other insurance, Specify 15d. \$ 0.00 15d. Other insurance, Specify 17b. \$ 0.00 17c. Other, Specify: 17c. \$ 0.00 17d. Cher, Specify: 17d. Car payments for Vehicle 1 17a. \$ 807.00 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other, Specify: 17c. \$ 0.00 17d. Other, Specify: 17d. Cher, Specify: 17d. Cher, Specify: 17d. Other, Specify: 17d. Cher, Specify: 17d. Cher, Specify: 17d. Other, Specify: 17d. Cher, Specify: 17d. Other, Specify: 1	0.			, heat, natural gas	6a.	\$	500.00
6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other, Specify: Virthernet 6d. \$ 230,00 7. Food and housekeeping supplies 7. \$ 1,000,00 8. Childrare and childrare's seducation costs 8. \$ 400,00 9. Clothing, laundry, and dry cleaning 9. \$ 250,00 10. Presonal care products and services 10. \$ 250,00 11. Medical and denial expenses 11. \$ 250,00 12. Transportation, include gas, maintenance, bus or train fare. 12. \$ 300,00 12. Transportation, include gas, maintenance, bus or train fare. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. \$ 0,00 15. Insurance. 16. Charlable contributions and religious donations 14. \$ 0,00 16. Health insurance deducted from your pay or included in lines 4 or 20. 16. Under insurance deducted from your pay or included in lines 4 or 20. 16. Under insurance 156. \$ 0,00 16. Health insurance 16. Charlable insurance 16. Charlable insurance 17. Insurance. 18. Care payments for Vehicle 1 77. \$ 0,00 17. Care payments for Vehicle 2 77. \$ 0,00 17. Care payments for Vehicle 2 77. \$ 0,00 17. Care payments for Vehicle 2 77. \$ 0,00 17. Other. Specify: 17. \$ 0,00 17. Other specify: 17. \$ 0,00 17. Oth		6b.	-	•	6b.	\$	
6 d. Chinc. Specily: In/Internet Food and housekeeping supplies 7		6c.			6c.	·	
7. \$ 1,000,00		6d.				· -	
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Cottoning, laundry, and dry cleaning	8.				8.	\$	
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